THE IMMIGRATION ACTS		Application to be released on First-tier Tribunal bail	Form B1
Sect	ion 1	Personal Information of the Applicant	
Α	Home Office reference number		
В	NOMS (HMPPS) number <u>(if</u> applicable)		
С	Your surname or family name. Please use CAPITAL LETTERS		
D	Your other names		
Е	Name and address of the place where you are detained	Name:	
		Address:	
		Postcode	
F	Your date of birth	(day) / (month) / (year)	
G	Are you male or female?	Male E Female	
Н	What is your Nationality?		
I	Date of your arrival in the United Kingdom	(day) / (month) / (year)	
J	Do you have a representative?	No Yes If yes, your representative sl	nould complete
Sect	ion 2	About your application	
A	Do you have an appeal hearing pending in the First-tier Tribunal (IAC)?	No Yes What is the appeal number, if you know it?	
В	Have you made an application for immigration bail before?	No Yes What is the bail number, if you know it?	
	If yes, have you been refused immigration bail at a hearing within the last 28 days?	No Yes If yes, what was the date of that hearing?	/ /
С	The address where you plan to live, if your bail application is granted.	Number/Street	
		Town	
		Postcode	

Section 3				Your Financial Condition Commitment		
bail if	The Judge may consider that a Financial Condition should be added to ensure that you honour the conditions of bail if granted. Please indicate how much you agree to be bound to pay if you breach any of the other conditions of bail.					
Α	Financial Condit	ion		I agree to be bound to a Financia No Yes	al Condition	
В	Amount of Financ (if any)	ial Condition		£		
Section 4			People Supporting the Fina	ancial Condition (if any)		
If a J		Financial Condition	sho	uld be added you can ask someo	ne you know to help you meet	
unarc	onation			Supporter 1	Supporter 2	
Α	Surname or family Please use CAPI					
В	Other names					
С	Address					
				Postcode	Postcode	
D	Email address					
Е	Telephone numbe	Pr				
F	Relationship to the	e Applicant				
G	Immigration Statu	s				
Η	Occupation					
I	Financial Conditio	on Amount		£	£	
J	Date of birth					
K	Nationality held					
L	Current valid Pass	sport number				
Applicant passports and bank		sta	at you and your Financial Co atements to the bail hearing if any prodition on this application for bai	of you are offering any money		

Section 5	The grounds on which you are applying for bail		
	<ul> <li>In this section you should set out all the reasons why you think you should be released.</li> <li>If you have had a previous application for bail refused, you must give full details of any additional grounds or change in circumstances since then.</li> <li>If that refusal was within the last 28 days, the application you are now making will be dismissed without an oral hearing unless you can show that there has been a material change of circumstances.</li> <li>Give as much detail as possible: use additional sheets of paper if you need to, and attach them to this form.</li> </ul>		
If the Tribunal grants bail it may Direct that future management of bail should be transferred to the Home Office. Where the Tribunal makes that Direction, all future proceedings will be conducted by the Home Office (including any hearing to determine liability for payment of a financial condition).			
Do you consent to future management	t of bail being Transferred to the Home Office?		
If No please briefly explain why here?			

Section 6		At the hearing of your application		
Α	Will <u>you</u> need an interpreter?	No 🗌 Yes 🗌	If yes, give details below	
		Language(s):	Dialect (if required):	
M/ill your Eina	Will your Financial Condition	No 🗌 Yes 🗌	If yes, give details below	
В	Supporter(s) need an interpreter?	Language(s):	Dialect (if required):	
C	If you, your legal representative or your financial condition supporter(s) have a disability, please explain any special arrangements needed for the hearing.			
D	The hearing of this bail application may be by a video link. If it is you will remain at the detention centre. Where there are exceptional circumstances and it is considered that you are unable to use the video link, please give reasons and a Judge will decide whether the application will be heard in person or by video link. You will be informed of this decision when the case is listed.			
Section 7		Representation		
		If you have a representative, he or she must complete this section.		
Α	Declaration by the Representative	I, the representative, am maki with the Applicant's instruction	ing this application in accordance ns.	
	Representative's signature and date.		/ /	
В	Name of the representative. Please use CAPITAL LETTERS.			
С	Name of the representative's organisation.			
D	Postal address of the organisation.	Number/Street		
		Town		
		Postcode		

Ε	Reference for cor	respondence				
F	Telephone number					
G	Mobile number					
Η	Fax number					
I	Email address					
J	CJSM email address (if you have one)				Do you agree to receive correspondence by CJSM email? No Yes	
K	Are you an office regulated by the Office of the Immigration Services Commissioner (OISC)?			No Please provio Yes reference:	de OISC	
L	Has the Applicant publicly funded leg representation?			No     Please provid       Yes     LSC reference       applicable:		
Notice to other parties, if you representative, deta		cea ails ( ling	this form. Please give the Appli			
			Statement of Truth			
Section 8			Statement of Truth			
			If you have completed this form yourself, you must complete the declaration.			
Α	Your Declaration	1		I believe that the facts stated in	n this application are true.	
	Your signature and date.					
	Your signature an	d date.				
В	Your signature an Please print your CAPITAL LETTER	full name in				
	Please print your	full name in		When you have complete	ed the form	

Data Protection statement	Any information provided in this form (including personal details) will not be used by the First-tier Tribunal for purposes other than the determination of your application. The information may be disclosed to other government departments and public authorities only for related immigration
	or asylum purposes.